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(to be used for all correspondence after initial flling)

Total Number of Pages in This Submission

Fee Transmittal Form (in auplicate)

Affidavits/declaration(s)

Fee Attached

Amendment/Reply (4 pages)

After Final

Extension of Time Request

Certified Copy of Priority Document(s)

Response to Missing Parts/ Incomplete Application

Express Abandonment Request

Information Disclosure Statement

Response to Missing Parts under 37 CFR 1.52 or 1.53

PTO/SB/21 (04-04) Approved for use through 07/31/2008, OMB 0651-003: U.S. Patem and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Pacework Reduction Act of 1995, no dersons are required to respond to a collection of information unless it displays a valid OMB control number

Application Number 09/436,060 Filing Date November 8, 1999 First Named Inventor RECE James T. Kealey, et al. Art Unit CENTER CENTRAL FAX 1635 Examiner Name Terra C. Gibbs 2004 Attorney Docket Number 014/002C **ENCLOSURES** (Check all that apply) After Allowance communication to Technology Center (TC) Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information Provisional Application Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Identify below): Request for Refund CD, Number of CD(s) RETRANSMITTAL SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT 2004.

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┌──FEE TRANSMITTAI				Application Number			er	09/436,060			
for EV 2004					Date			November 8, 1999			
for FY 2004					First Named Inventor			James T. Kealey, et al.			
Effective 10/01/2003, Patent fees ere subject to annual revision.					Examiner Name			Terra C. Gibbs			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			,	1635			
TOTAL AMOUNT OF P		Attorney Docket No. 014/002C									
METHOD OF PAY		FEE CALCULATION (continued)									
Check Credit card	3. ADDITIONAL FEES Large Entity , Small Entity										
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to the above-identified deposit account. FEE CALCULATION			1251	110	2251	55	Extension for re	sply within fin	st month	55	
1. BASIC FILING FEE				420	2252	210	Extension for re	eply within se	cond month		
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from Extra Claims below Fee Paid				1,330	2501	665	Utility issue fee	(or reissue)			
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SUBMITTED BY (Complete (if applicable))											
Name (Print/Type) David Larp			kegistra Attornov	tion No. 'Agent)		41,401	Telephone	(650) 473	3-7721		
Signature		11/Ean	لاسمية				•	Date .	Stote	. 2004	

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